

Officer Deceased

Box 4

Date of passing: _____
MM-DD-YYYY

Please specify by selecting one of the choices below:

- Killed in the Line of Duty (M)
- Died Other Than in the Line of Duty (Q)

Name Change

Box 5

Please change the Law Enforcement Officer's name to:

Last

First

MI

(Note: Agency must verify that the name listed above is the officer's legal name.)

Rank or Title Change

Box 6

Please Change the Law Enforcement Officer's Rank or Title to:

Agency Head/Appointing Authority Signature

Box 7

Name of Agency Head/Appointing Authority: _____

Title of Agency Head/Appointing Authority: _____

By signing my name below, I certify under penalty of perjury that there are no willful misrepresentations, omissions, or falsifications in the information provided on this form.

Signature of Agency Head/Appointing Authority

Date